### ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

Change in Company's premium or rate I	evel produced by rate revision effective	3/01/1/ +2-7%
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
<del></del>		
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial 3. Liability Other Than Auto		
,		
<ol> <li>Burglary and Theft</li> <li>Glass</li> </ol>		enor-
6. Fidelity		
7. Surety		
Surety     Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers compensation	2,642,852	+2.7%
Line of Insurance		
Does filing only apply to certain territor although the resulting impact is not unifo	y (territories) or certain classes? If so, spe orm by class.	
Brief description of filing. (If filing follows referenced in approval circular IL-2010-1	s rates of an advisory organization, specify  0.	organization): Adopt NCCI loss costs
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	s. which will result from application of new rates	3.
		General Insurance Company Name of Company
	Judy Tho	mas, Compliance Advisor Official – Title



MAY 0 1 2011

STATE OF PLENOIS DEPARTMENT OF OVERLANCE SPRINGFIELD, ILLINOIC

### ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

Change in Company's premium or rate level	produced by rate revision effective _	05/01/11 +25%
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
<ol><li>Automobile Physical Damage</li></ol>		
3. Liability Other Than Auto		
<ol><li>Burglary and Theft</li></ol>		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	47,995,663	+2.3%
15. Other Workers compensation	47,990,000	12.070
Ellio di Middialido		
Does filing only apply to certain territory (te	rritories) or certain classes? If so, s	specify: This filing applies to all classes
although the resulting impact is not uniform b	y class.	
Brief description of filing. (If filing follows rate	es of an advisory organization, spec	cify organization): <u>Adopt NCCI loss costs</u>
referenced in approval circular IL-2010-10.		
mantina di mandana di managan		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new ra	ates.
	Accident Com	ad Inquirance Company of America
	Accident Fun	nd Insurance Company of America  Name of Company
		Name or Company
	Judy T	homas, Compliance Advisor
		Official – Title



STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPHINGFIELD, ILLINOIS

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### ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 5. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filling applies to all classes although the resulting impact is not uniform by class.  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt NCCI loss cost referenced in approval circular IL-2010-10.	(1)	(2) Annual Premium	(3) Percent
Automobile Physical Damage Private Passenger Commercial  Liability Other Than Auto  Burglary and Theft Glass Sidelity Surety Boller and Machinery Sirety Sir	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
Passenger Commercial 2. Automobile Physical Damage     Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers compensation     Line of Insurance  Does filling only apply to certain territory (territories) or certain classes? If so, specify: This filling applies to all classes although the resulting impact is not uniform by class.  Brief description of filing. (If filling follows rates of an advisory organization, specify organization): Adopt NCCI loss cost referenced in approval circular IL-2010-10.  Padjusted to reflect all prior rate changes.  "Change in Company's premium level which will result from application of new rates.  Accident Fund National Insurance Company Name of Company Judy Thomas, Compliance Advisor	Automobile Liability Private		
2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers compensation Line of Insurance  Does filling only apply to certain territory (territories) or certain classes? If so, specify: This filling applies to all classes although the resulting impact is not uniform by class.  Brief description of filling. (If filling follows rates of an advisory organization, specify organization): Adopt NCCI loss cose eferenced in approval circular IL-2010-10.  Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates.  Accident Fund National Insurance Company Name of Company Judy Thomas, Compliance Advisor			
Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 5. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers compensation Line of Insurance  Does filling only apply to certain territory (territories) or certain classes? If so, specify: This filling applies to all classes although the resulting impact is not uniform by class.  Brief description of filling. (If filling follows rates of an advisory organization, specify organization): Adopt NCCI loss cost eferenced in approval circular IL-2010-10.  Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates.  Accident Fund National Insurance Company Name of Company Judy Thomas, Compliance Advisor			
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers compensation			
Burglary and Theft Glass Glass Sidelity Surety Boller and Machinery Siret Conserved Boller and Machinery Siret Siret Conserved Boller and Machinery Siret Siret Siret Boller and Machinery Siret Siret Siret Boller and Machinery Siret Siret Siret Siret Boller and Machinery Siret Sir			
5. Glass 5. Fidelity 7. Surety 8. Boller and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classe although the resulting impact is not uniform by class.  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt NCCI loss cost eferenced in approval circular IL-2010-10.  Adjusted to reflect all prior rate changes.  *Change in Company's premium level which will result from application of new rates.  **Accident Fund National Insurance Company Name of Company Judy Thomas, Compliance Advisor			
S. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes although the resulting impact is not uniform by class.  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt NCCI loss cost efferenced in approval circular IL-2010-10.  Adjusted to reflect all prior rate changes.  *Change in Company's premium level which will result from application of new rates.  Accident Fund National Insurance Company Name of Company Judy Thomas, Compliance Advisor			
7. Surety 3. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers compensation Line of Insurance  Does filling only apply to certain territory (territories) or certain classes? If so, specify: This filling applies to all classes although the resulting impact is not uniform by class.  Brief description of filling. (If filling follows rates of an advisory organization, specify organization): Adopt NCCI loss cost efferenced in approval circular IL-2010-10.  Adjusted to reflect all prior rate changes.  *Change in Company's premium level which will result from application of new rates.  Accident Fund National Insurance Company Name of Company Judy Thomas, Compliance Advisor			
Boiler and Machinery Fire  Discrete the decoverage  1. Inland Marine  12. Homeowners  13. Commercial Multi-Peril  14. Crop Hail  15. Other Workers compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes although the resulting impact is not uniform by class.  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt NCCI loss cost eferenced in approval circular IL-2010-10.  Adjusted to reflect all prior rate changes.  *Change in Company's premium level which will result from application of new rates.  Accident Fund National Insurance Company Name of Company  Judy Thomas, Compliance Advisor			
9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes although the resulting impact is not uniform by class.  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt NCCI loss cost eferenced in approval circular IL-2010-10.  Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result from application of new rates.  Accident Fund National Insurance Company Name of Company Judy Thomas, Compliance Advisor			
10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes although the resulting impact is not uniform by class.  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt NCCI loss cost eferenced in approval circular IL-2010-10.  Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates.  Accident Fund National Insurance Company Name of Company Judy Thomas, Compliance Advisor			
11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes although the resulting impact is not uniform by class.  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt NCCI loss cost eferenced in approval circular IL-2010-10.  Adjusted to reflect all prior rate changes.  *Change in Company's premium level which will result from application of new rates.  Accident Fund National Insurance Company Name of Company Judy Thomas, Compliance Advisor	0. Extended Coverage		
3. Commercial Multi-Peril 4. Crop Hail 5. Other Workers compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes although the resulting impact is not uniform by class.  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt NCCI loss cost efferenced in approval circular IL-2010-10.  Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates.  Accident Fund National Insurance Company Name of Company Judy Thomas, Compliance Advisor			
14. Crop Hail 15. Other Workers compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes although the resulting impact is not uniform by class.  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt NCCI loss cost efferenced in approval circular IL-2010-10.  Adjusted to reflect all prior rate changes.  *Change in Company's premium level which will result from application of new rates.  Accident Fund National Insurance Company Name of Company  Judy Thomas, Compliance Advisor	12. Homeowners		
15. Other Workers compensation Line of Insurance  Coes filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes although the resulting impact is not uniform by class.  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt NCCI loss cost eferenced in approval circular IL-2010-10.  Adjusted to reflect all prior rate changes.  *Change in Company's premium level which will result from application of new rates.  Accident Fund National Insurance Company Name of Company  Judy Thomas, Compliance Advisor	13. Commercial Multi-Peril		
15. Other Workers compensation Line of Insurance  Coes filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes although the resulting impact is not uniform by class.  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt NCCI loss cost eferenced in approval circular IL-2010-10.  Adjusted to reflect all prior rate changes.  *Change in Company's premium level which will result from application of new rates.  Accident Fund National Insurance Company Name of Company  Judy Thomas, Compliance Advisor	14. Crop Hail		
Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes although the resulting impact is not uniform by class.  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt NCCI loss cost eferenced in approval circular IL-2010-10.  Adjusted to reflect all prior rate changes.  *Change in Company's premium level which will result from application of new rates.  Accident Fund National Insurance Company Name of Company  Judy Thomas, Compliance Advisor		8,505,233	+2.7%
Adjusted to reflect all prior rate changes.  *Change in Company's premium level which will result from application of new rates.  Accident Fund National Insurance Company Name of Company  Judy Thomas, Compliance Advisor	Line of Insurance		
Adjusted to reflect all prior rate changes.  *Change in Company's premium level which will result from application of new rates.  Accident Fund National Insurance Company Name of Company Judy Thomas, Compliance Advisor	Does filing only apply to certain territory (tealthough the resulting impact is not uniform be	rritories) or certain classes? If so, s y class.	pecify: This filing applies to all classes
*Change in Company's premium level which will result from application of new rates.  Accident Fund National Insurance Company Name of Company  Judy Thomas, Compliance Advisor		es of an advisory organization, spec	ify organization): Adopt NCCI loss cost
*Change in Company's premium level which will result from application of new rates.  Accident Fund National Insurance Company Name of Company  Judy Thomas, Compliance Advisor		1000	
*Change in Company's premium level which will result from application of new rates.  Accident Fund National Insurance Company Name of Company  Judy Thomas, Compliance Advisor			
Name of Company  Judy Thomas, Compliance Advisor	Adjusted to reflect all prior rate changes. *Change in Company's premium level which	will result from application of new ra	tes.
Name of Company  Judy Thomas, Compliance Advisor		Accident Fu	nd National Insurance Company
		Judy Th	



MAY 0 1 2011

### ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

	level produced by rate revision effective	4/1/2011
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
<ol> <li>Automobile Physical Damage Private Passenger Commercial</li> </ol>		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety	<del> </del>	
8. Boiler and Machinery		
9. Fire		
<ul><li>10. Extended Coverage</li><li>11. Inland Marine</li></ul>		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	<del></del>	
15. Other Workers Compensation	\$4,761,328	+0.4%
Line of Insurance	Ψ () · Θ () Θ ()	
of NCCI loss costs. They are not speci	y (territories) or certain classes? If so, specific to territory. Updated NCCI loss costs will was rates of an advisory organization, specific	be adopted for all class codes.
newest edition of NCCI loss costs. Plea		
*Adjusted to reflect all prior rate change **Change in Company's premium level	es. which will result from application of new rate	es.
	Accide	ent Insurance Company
		Name of Company
	Eric Smith	, Chief Underwriting Officer
FILE		Official – Title

APR 0 1 2011



#### SUMMARY SHEET

		- 2011
Change in Company's premium revision effective 05/01/1	m or rate level produced 1	TATE OF ILLINOIS TMERT OF INSURANCE
(1)	(2)	"ELINGIS" CE
` ',	Annual Premium	Percent
Coverage	<pre>Volume (Illinois)*</pre>	Change $(+ or -)**$
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		-
6. Fidelity		
7. Surety 8. Boiler and Machinery		
9. Fire	<del></del>	
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$255,307	-8.2%
Line of Insurance		
Does filing only apply to certain	territory (territories)or	certain classes?
If so, specify: No.		
Brief description of filing. (If	filing follows rates of a	n advisorv
organization, specify organization		<u>-</u>
Adopting NCCI rates as found in NC	CCI Circular IL-2010-10.	
+ ndiversal to medicat all arrior r	ento abangos	
* Adjusted to reflect all prior r ** Change in Company's premium lev		
result from application of new		
,		
Alli	merica Financial Benefit	
	Name of Compa	IIV

Mandi Al-Beik - Associate State Filings Analyst
Official - Title

H29219D

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	May 1, 2011
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private     Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial _ B. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
5. Fidelity		
7. Surety		
B. Boiler and Machinery	, , , , , , , , , , , , , , , , , , ,	
9. Fire		
I0. Extended Coverage		
I1. Inland Marine		
I2. Homeowners		
I3. Commercial Multi-Peril		
l4. Crop Hail		
5. Other Workers Compensation Line of Insurance	7,268,468	+1.3%
Does filing only apply to certain territory (t	erritories) or certain classes? If so, specify	: no
	rates of an advisory organization, specif CI rates announced in Circular IL-2010-05	
Adjusted to reflect all prior rate changes. *Change in Company's premium level wh	nich will result from application of new rate	S.
	Amerisi	ure Insurance Company
		Name of Company
	Tracy Upc	ott - Compliance Analyst II
		Official - Title



MAY 0 1 2011

#### **ILLINOIS DEPARTMENT OF INSURANCE**

#### **SUMMARY SHEET**

Change in Company's premium or rate level բ	produced by rate revision effective	May 1, 2011
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage 11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation  Line of Insurance	6,008,855	-0.8%
Does filing only apply to certain territory (territ	ories) or certain classes? If so, specify:	no
		110
Brief description of filing. (If filing follows rat business effective May 1, 2011, adopt NCCI r	es of an advisory organization, specify rates announced in Circular IL-2010-05	organization): <u>For new and renewal</u> and approved in IL-2010-10.
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new rates	
	<u> Americu</u>	re Insurance Company
		Name of Company
	Tracy Upco	tt - Compliance Analyst II
		Official – Title



MAY 0 1 2011



#### SUMMARY SHEET



Change in Company's premium revision effective 05/01/1		by rate
(1)	(2) Annual Premium	(3) Percent
Coverage	<pre>Volume (Illinois) *</pre>	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety 8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	61 720 205	3.5%
15. Other Workers Compensation  Line of Insurance	\$1,730,305	3.38
Does filing only apply to certain If so, specify: No.	territory (territories)or	certain classes?
Brief description of filing. (If organization, specify organization		n advisory
Adopting NCCI rates as found in NC	CCI Circular IL-2010-10.	·
* Adjusted to reflect all prior in the state of the state	rel which will	ov of America
	Name of Compar	
	name of sompar	1
Mand	li Al-Beik - Associate Stat	te Filings Analyst
	Official - Tit	

H29219D



#### SUMMARY SHEET

SUMMARY SHEET

DEPARTMENT OF ILLINOIS
SPRINGFIELD, ALLINOIS
Change in Company's premium or rate level produced by

revision effective 05/01/2		- LINOIS
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril 14. Crop Hail		
15. Other Workers Compensation	\$4,941,656	3.6%
Does filing only apply to certain If so, specify: No.  Brief description of filing. (If organization, specify organization Adopting NCCI rates as found in No.	filing follows rates of a	
* Adjusted to reflect all prior :  ** Change in Company's premium lever result from application of new	vel which will	
	Citizens Insurance Compan	
	Name of Compar	ıy
Manc	li Al-Beik - Associate Stat	
	Official - Tit	I A

H29219D



JUN 0 1 2011

Form (RF-3)

#### **SUMMARY SHEET**

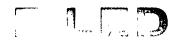
	(1)	(2) Annual Premium	(3) Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	**	
7.	Surety		
8.	Boiler and Machinery	42000	
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation	46,048,630	1.4%
	Other	***************************************	
16.			<del></del>
16.	Line of Insurance		
		ritories) or certain classes? If so, specify:	
		ritories) or certain classes? If so, specify:	
filing	g only apply to certain territory (territory of filing. (If filing follows re	ates of an advisory organization, specify o	rganization):
filing descr	g only apply to certain territory (territory of filing. (If filing follows reodifying our company specific exceptions)	ates of an advisory organization, specify o	
filing descr	g only apply to certain territory (territory of filing. (If filing follows reodifying our company specific exceedadopting NCCI's 01/02	ates of an advisory organization, specify o	
filing descr re mo	g only apply to certain territory (territory of filing. (If filing follows reodifying our company specific exceptions)	ates of an advisory organization, specify o	
filing descr re mo	g only apply to certain territory (territory of filing. (If filing follows reodifying our company specific exceedadopting NCCI's 01/02	ates of an advisory organization, specify o	
filing descr re mo are	g only apply to certain territory (territory of filing. (If filing follows reodifying our company specific exceedadopting NCCI's 01/02	ates of an advisory organization, specify o	
filing descripe me are cif	g only apply to certain territory (territory of filing. (If filing follows reodifying our company specific excess adopting NCCI's 01/03 ic rate deviations.	rates of an advisory organization, specify of eption pages.  1/2011 rates and modifying	
descript me are ecif	ription of filing. (If filing follows reddifying our company specific exceedadopting NCCI's 01/03 ic rate deviations.	rates of an advisory organization, specify of eption pages.  1/2011 rates and modifying	
descript me are ecif	ription of filing. (If filing follows reddifying our company specific excession adopting NCCI's 01/02 fic rate deviations.  to reflect all prior rate changes. in Company's premium level which	rates of an advisory organization, specify of eption pages.  1/2011 rates and modifying  h  COUNTRY Mutual Insurance Co	our company
descript me are ecif	ription of filing. (If filing follows reddifying our company specific excession adopting NCCI's 01/02 fic rate deviations.  to reflect all prior rate changes. in Company's premium level which	ates of an advisory organization, specify of eption pages.  1/2011 rates and modifying	our company
descript me are ecif	ription of filing. (If filing follows reddifying our company specific excession adopting NCCI's 01/02 fic rate deviations.  to reflect all prior rate changes. in Company's premium level which	ates of an advisory organization, specify of eption pages.  1/2011 rates and modifying  h  COUNTRY Mutual Insurance Control Name of Company	our company
descript me are ecif	ription of filing. (If filing follows reddifying our company specific excession adopting NCCI's 01/02 fic rate deviations.  to reflect all prior rate changes. in Company's premium level which	rates of an advisory organization, specify of eption pages.  1/2011 rates and modifying  h  COUNTRY Mutual Insurance Co	our company
descri <u>re mo</u> are ecif	ription of filing. (If filing follows reddifying our company specific excession adopting NCCI's 01/02 fic rate deviations.  to reflect all prior rate changes. in Company's premium level which	ates of an advisory organization, specify of eption pages.  1/2011 rates and modifying  h  COUNTRY Mutual Insurance Control Name of Company	our company



#### SUMMARY SHEET

MAY 0 1 2011

Change in Company's premium revision effective 05/01/1	M or rate level produces in the second secon	ATE OF ILLINOIS MENTA OF INSURANCE NGFIELD, ILLINOIS
(1)	(2) Annual Premium	(3) Percent
Coverage	<pre>Volume (Illinois)*</pre>	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail 15. Other Workers Compensation	\$4,213,904	-5.4%
Does filing only apply to certain If so, specify: No.  Brief description of filing. (If	filing follows rates of a	
organization, specify organization		
Adopting NCCI rates as found in No	CCI Circular IL-2010-10.	
* Adjusted to reflect all prior i ** Change in Company's premium lev result from application of new	vel which will	e Company
·	Name of Compar	
Mand	li Al-Beik - Associate Stat	
	Official - Tit	TE



#### AUG - 1 2011

#### Form (RF-3)

## ET FATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

#### **SUMMARY SHEET**

Official - Title

	Change in Company's premium or rate	e level produced by rate revision	effective	August 1, 2011
	(1)	(2)		(3)
	•	Annual Premium		Percent
	<u>Coverage</u>	Volume (Illinois)*		<u>Change (+ or -)**</u>
1.	Automobile Liability			
	Private Passenger			
	Commercial			
2.	Automobile Physical Damage		***************************************	
	Private Passenger			
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft		<del></del>	
5.	Glass			
6.	Fidelity		<del></del>	
7.	Surety		<del></del>	
7. 8.	Boiler and Machinery		<del></del>	
9.	Fire			
9. 10.				
	Extended Coverage	· · · · · · · · · · · · · · · · · · ·		
11.	Inland Marine			
12.	Homeowners		<del></del>	
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other Workers Compensation	\$913,508		0.0%
	Line of Insurance			
Dage (	Elina anto annto da antoia tamita m. (ta.			
NA	filing only apply to certain territory (ter	miones) or certain classes? If so	o, specify:	
IVA				
D . C	4			
Ruei (	description of filing. (If filing follows	rates of an advisory organization	i, specify o	rganization):
we a	are filing to adopt NCCI's January 1, 20	011 loss costs adjusted by our re	vised multi	plier of 1.326 for all classes.
1 ms	will result in a 0.0% overall change.			
			······································	
± A	dinoted to medicate all muicinameter about an			
** Cl	djusted to reflect all prior rate changes	, 1993. marti		
•• CI	djusted to reflect all prior rate changes hange in Company's premium level wh sult from application of new rates.	ren will		
re	suit from application of new rates			
	A	NUG 0 1 2011	Torre A	monicon Inguinana Carra
		- 2011	10Wa A	merican Insurance Company
	STA	TE OF ILLINOIS		Name of Company
	DEPARTA	ME OF ILLINOIS MENT OF INSURANCE		
	SPRI	NGFIELD, ILLINOIS		
			Reverly	Barber - Compliance

#### **SUMMARY SHEET**

	Change in Company's premium or rate	e level produced by rate revision effective	August 1, 2011
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	,	
_	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	· · · · · · · · · · · · · · · · · · ·	
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$3,523921	0.0%
	Line of Insurance		
Does NA	filing only apply to certain territory (ter	rritories) or certain classes? If so, specify:	
Brief	description of filing. (If filing follows	rates of an advisory organization, specify of	rganization):
We a	are filing to adopt NCCI's January 1, 20	011 loss costs adjusted by our revised multi	plier of 1.658 for all classes.
This	will result in a 0.0% overall change.		
* A	djusted to reflect all prior rate changes.	,	

\*\* Change in Company's premium level which will result from application of new rates.



Iowa Mutual Insurance Company Name of Company

AUG 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Beverly Barber - Compliance Official - Title

#### **ILLINOIS SUMMARY SHEET**

#### FORM RF-3

Change in Company's premium or rate level produced by rate rev	rision effective	April 1, 2011
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
Automobile Liability     Private Passenger	Volumo (minolo)	onango (r. e. )
Commercial		
Automobile Physical Damage     Private Passenger		
Commercial	<del></del>	
Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass		
4. Burglary and Theft		
5. Glass		
5. Glass		
6. Fidelity APR <b>0 1</b> 2011		
6. Fidelity 7. Surety 8. Boiler and Machinery DEPARTMENT OF ILLINOIS 9. Fire 10. Extended Coverage 11. Inland Marine		
8. Boiler and Machinery DEPARTMEN OF ILLINOIS		
9. Fire SPRINGE OF INSUE		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	3,984,981	+0.4%
16. Other		<del> </del>
Line of Insurance		
Ooes filing only apply to certain territory (territories) or certain classified description of filing (if filing follows rates of an advisory organdat this time, the Manufacturers Alliance Insudopt the loss costs approved in NCCI's filing	nization, specify organiz	(FEIN #23-2086596) files
Adjusted to reflect all prior rate changes.     Change in Company's premium level which will result from appropriate the change in Company's premium level which will result from appropriate the change in Company's premium level which will result from appropriate the change in Company's premium level which will result from appropriate the change in Company's premium level which will result from appropriate the change in Company's premium level which will result from appropriate the change in Company's premium level which will result from appropriate the change in Company's premium level which will result from appropriate the change in Company's premium level which will result from appropriate the change in Company's premium level which will result from appropriate the change in Company's premium level which will result from appropriate the change in Company's premium level which will result from appropriate the change in Company's premium level which will result from appropriate the change in Company's premium level which will result from appropriate the change in Company's premium level which will result from appropriate the change in Company's premium level which will result from the change in Company's premium level which will result from the change in Company's premium level which will result from the change in Company's premium level which will result from the change in Company in Compan		
	Manuf Comp	acturers Alliance Insurance any
	-	Name of Company
	Linda I	R. Greer- Associate Product Special
	Official	— Title

#### SUMMARY SHEET



Change in Company's premium revision effective 05/01/1	n or rate level produced	DEPARTMENT QUINOIS
(1)	(2) Annual Premium	STATE OF ILLINOIS DEPARTMENT OF INSURANCE FED LATINOIS Change (+ or -) **
Coverage	Volume (Illinois) *	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail 15. Other Workers Compensation Line of Insurance  Does filing only apply to certain If so, specify: No.	\$7,368,388 territory (territories)	0.6%
Brief description of filing. (If organization, specify organization Adopting NCCI rates as found in NC	1):	an advisory
* Adjusted to reflect all prior r  ** Change in Company's premium lev result from application of new	el which will	·
	Massachusetts Bay Insu Name of Comp	
Mand:	i Al-Beik - Associate St Official - Ti	

#### ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

Change ir	Company's premium or rate leve	el produced by rate revision effective	1/1/11
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
2. Auton P 3. Liabili 4. Burgla 5. Glass 6. Fidelit 7. Surety 8. Boiler 9. Fire 10. Exten 11. Inland 12. Home 13. Comn 14. Crop I 15. Other	ded Coverage Marine owners nercial Multi-Peril Hail Workers' Compensation Line of Insurance		+1.5% ecify: This is a reference filing. We are
changes r minimum attached r shows the *Adjusted	nade by NCCI in Circular IL-2010 premium is filed at \$750 as opportunity in the premium and maximum minimum premium and to reflect all prior rate changes.	0-10. Our only deviation is unchanged to posed to the NCCI maximum minimulicates the maximum minimum premiur defined the premiumm algorithm we filed for 2000 ch will result from application of new rate	es.
		<del></del>	IC Indemnity Company Name of Company  Compliance Analyst  Official – Title



JAN 0 1 2011

#### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

effective May 1, 2011



FORM (RF-3)

MAY 0 1 2011

#### **SUMMARY SHEET**

STATE OF ILLINOIS

Change in Company's premium or rate level produced by rate revision springfield, Illinois

-	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	11,876,594	+.7%
	Life of Insurance		
*	<b>5</b>		
	Does filing only apply to certai	n territory (territories) or	certain
*	Classes? If so,		
	specify: Revised I	Deviated Classification Codes (-	+15%): 8824, 8829, 8842, and 8864.
	Brief description of filing. (If fil	ing follows rates of an ac	dvisory
	Organization, specify		
	organization):		untary Market - Approval of Advisory Rates,
	Loss Costs, and Rating Values Effective	January 1, 2011.	
	*Adjusted to reflect all prior rat		
	**Change in Company's premi		t from analization of any
	rates.	um level which will resul	i ironi application of new
		Midwest Insurance	Company
	LED		ne of Company
Š			Compliance Manager
		*	Official – Title
	<b>andgo1</b> 02011		1100

#### **ILLINOIS SUMMARY SHEET**

#### FORM RF-3

Change in Company's premium or rate level produced by rate	revision effective	<u> April 1, 2011</u>	
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**	
1. Automobile Liability	,		
Private Passenger	-		
Commercial			
2. Automobile Physical Damage			
Private Passenger			
		10.00	
3. Liability Other than Auto			
Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery Dec. STATE			
5. Glass			
6. Cidelity APD a		•	
7. Country 71. 71. 71. 71. 71. 71. 71. 71. 71. 71.			
7. Surety 2017			
8. Boiler and Machinery DEPARTATE OF			
6. Fidelity 7. Surety 8. Boiler and Machinery DEPARTMENT OF ILLINOIS 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Workers Compensation	13,015,626	+0.4%	
16. Other			
Line of Insurance			
Does filing only apply to certain territory (territories) or certain	classes? If so, specify	<u>No</u>	
At this time, the Pennsylvania Manufacture 1642962) files to adopt the loss costs a against our approved 1.540 LCM.	ers' Association Ins	surance Company (FEI	
<ul> <li>* Adjusted to reflect all prior rate changes.</li> <li>** Change in Company's premium level which will result from a</li> </ul>	application of new rates.		
		ylvania Manufacturers' iation Insurance Company	
		Name of Company	
	Linda F	R. Greer- Associate Product S	pecialis
	Official	— Title	

#### **ILLINOIS SUMMARY SHEET**

#### FORM RF-3

Change in Company's premium or rate level produced by ra	te revision effective	April 1, 2011	
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**	
Automobile Liability     Private Passenger			-
Commercial			
2. Automobile Physical Damage			
Private Passenger			
Commercial			
3. Liability Other than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety 8. Boiler and Machinery 9. Fire			
9. Fire			
10. Extended Coverage 11. Inland Marine  APR 0 1 2011			
12. Homeowners			
13 Commercial Multi-PSTATE OF			
14. Crop Hail SEPARTMENT OF INCIDE			
12. Homeowners 13. Commercial Multi-PSTATE OF ILLINOIS 14. Crop Hail SPRINGFIELD, ILLINOIS 15. Workers Compensation	1,699,683	+0.4%	
16. Other			
Line of Insurance			
Does filing only apply to certain territory (territories) or certain	in classes? If so, specify	<u>No</u>	
Brief description of filing (if filing follows rates of an advisory  At this time, the Pennsylvania Manufac files to adopt the loss costs approved approved 1.250 LCM.	cturers Indemnity C	ompany (FEIN #23-	2217934) ainst our
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from		sylvania Manufacturers I anv	ndemnity
		Name of Company	<del></del>
	Linda I	R. Greer- Associate Produc	ct Specialis
	0/// 1	Tial	
	Official	— Title	

#### SUMMARY SHEET



Change in Company's premi revision effective 7-1-201	1	•
(1)	(2) Annual Premium	STATE OF ILLINOIS DEPARTMENT OF 19 000 NCF SPRINGFIERETSERS
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
<ol> <li>Automobile Liability Private Passenger</li> </ol>		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	2 (42 124	4.00
15. Other Workers' Compensation  Line of Insurance	3,642,136	5 4.9%
	n territory (territorie	s)or certain classes?
If so, specify:  Brief description of filing. (I	f filing follows rates	
If so, specify:  Brief description of filing. (In organization, specify organization)	f filing follows rates	of an advisory
If so, specify:  Brief description of filing. (I	f filing follows rates	of an advisory
Brief description of filing. (I organization, specify organization	f filing follows rates on): NCCI ations and a flat deviation as listed rate changes. evel which will	of an advisory
If so, specify:  Brief description of filing. (Isorganization, specify organization, Adopt 1-1-2011 Advisory Rates with class deviated to reflect all prior  * Adjusted to reflect all prior  ** Change in Company's premium lo	f filing follows rates on): NCCI nations and a flat deviation as listed rate changes. evel which will w rates.	of an advisory on the attachment.
If so, specify:  Brief description of filing. (I organization, specify organization Adopt 1-1-2011 Advisory Rates with class deviated to reflect all prior ** Change in Company's premium lo	f filing follows rates on): NCCI nations and a flat deviation as listed rate changes. evel which will w rates.  Sentry Select Insu	of an advisory on the attachment.
If so, specify:  Brief description of filing. (Isorganization, specify organization, Adopt 1-1-2011 Advisory Rates with class deviated to reflect all prior  * Adjusted to reflect all prior  ** Change in Company's premium lo	f filing follows rates on): NCCI nations and a flat deviation as listed rate changes. evel which will w rates.	of an advisory on the attachment.
If so, specify:  Brief description of filing. (I organization, specify organization Adopt 1-1-2011 Advisory Rates with class deviated to reflect all prior ** Change in Company's premium lo	f filing follows rates on): NCCI nations and a flat deviation as listed rate changes. evel which will w rates.  Sentry Select Insu	of an advisory on the attachment.  arance Company ompany
If so, specify:  Brief description of filing. (I organization, specify organization Adopt 1-1-2011 Advisory Rates with class deviated to reflect all prior ** Change in Company's premium lo	f filing follows rates on): NCCI ations and a flat deviation as listed rate changes. evel which will w rates.  Sentry Select Insu Name of Co	of an advisory on the attachment.  arance Company ompany - Vice President

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Cha <u>nge (+ or -)**</u>
Coverage	Volume (miniolo)	
Automobile Liability Private		
Passenger Commercial		
<ol> <li>Automobile Physical Damage Private Passenger Commercial</li> </ol>		
B. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		4,
5. Fidelity		
7. Surety		
B. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
1. Inland Marine		
2. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
<ol><li>Other Workers compensation</li></ol>	50,354,631	+3.0%
Line of Insurance		
Does filing only apply to certain territory (  although the resulting impact is not uniform	erritories) or certain classes? If so, spe by class.	
Brief description of filing. (If filing follows ra eferenced in approval circular IL-2010-10 sircular IL-2010-10.	ates of an advisory organization, specify; adjust LCM to match LCM implied b	organization): Adopt NCCI loss costs by NCCI rates referenced in approval
Adjusted to reflect all prior rate changes. *Change in Company's premium level which	h will result from application of new rate	s.
	1.1.21	annain Ingrusance Company
	United Wis	consin Insurance Company
	United Wis	consin Insurance Company Name of Company

FILED

Official - Title

MAY 0 1 2011

#### **SUMMARY SHEET**

	Change in Company's premium or rate	level produced by rate revision effective	September 1, 2011
	(1)	(2)	(3)
٠	(-)	Annual Premium	Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	17,621,461	+6.2
	Line of Insurance		
_	61: 1 1		
	iations to specific class codes - see attach	ritories) or certain classes? If so, specify:	
dev	lations to specific class codes - see attact	ied	
	7811-2-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3		
D.::-4			
		ates of an advisory organization, specify on a deviation of 1.280 from the NCCI ra	
		ass codes for; Tier II - 1.00, Tier III .90 (-	
	same. The deviation for all other class co		1070), 11er 1v .80 (-20%) stay
- the	same. The deviation for an other class co	oues changes to 1.200 (+20).	

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which wire result from application of the white.

SEP 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Westfield Insurance Co.

Name of Company

Rhonda Roberts, CIC
Line of Business Specialist
Commercial Underwriting Office

Official - Title



## SEP 0 1 2011

Form (RF-3)

#### **SUMMARY SHEET**

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective	September 1, 2011
(1)	(3)
Annual Premium  Coverage  Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability	
Private Passenger	
Commercial	
2. Automobile Physical Damage Private Passenger Commercial	
3. Liability Other Than Auto	
4. Burglary and Theft	
5. Glass	
6. Fidelity	
7. Surety	
8. Boiler and Machinery	
9. Fire	
10. Extended Coverage	
11. Inland Marine	
12. Homeowners	
13. Commercial Multi-Peril	
14. Crop Hail	
15. Other Workers' Compensation 1,422,447	-2.9
Line of Insurance	
Does filing only apply to certain territory (territories) or certain classes? If so, specify N/A	<i>r</i> :
Brief description of filing. (If filing follows rates of an advisory organization, specify Overall premium level change of -2.9. Filing a deviation of 1.088 from the NCCI rates	
Insurance	
#228-12120. Also filing deviations to specific class codes; Tier II85, Tier III .765, codes 1.088.	Tier IV .680, all other class

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Westfield National Insurance Co.

Name of Company

Rhonda Roberts, CIC Line of Business Specialist Commercial Underwriting Office